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Characterization of the mental health of immigrant children separated from their mothers at the U.S.–Mexico border

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ABSTRACT

Immigrant children who faced forced separation from their parents may be at heightened risk of developing mental health disorders, including depression, post-traumatic stress disorder (PTSD), and anxiety disorders. This cross-sectional study assessed the mental health of children being held in U.S. immigration detention who had been previously separated from their mothers. We interviewed 73 mothers about their eldest child age 5–17 using the Parent-Report version of the Strengths and Difficulties Questionnaire (SDQ). Among these children, many had elevated scores for emotional problems (49%), peer problems (21%), and total difficulties (15%). Male children demonstrated significantly higher rates of abnormal peer problems compared to females. Younger children (age 5–11 years) also demonstrated significantly higher rates of abnormal conduct problems, hyperactivity, and total difficulties. Scores did not differ significantly based on length of separation. Results reveal that children who had been separated from their parents experience high levels of mental health distress, which are especially high in younger children. Regardless of length of separation, these children would benefit from comprehensive mental health treatment with a culturally-responsive and trauma-informed lens.

1. Introduction

Forced separation of undocumented families who have recently migrated to the U.S. has received increased attention since the U.S. government began implementing a “zero tolerance” policy in 2018 which included separating children from their parents. Although separations have slowed significantly, their consequences endure. There are still children that have not been reunited with their families and those families that have been reunited must recover from the impact of the separation on them as individuals and as a family unit. Additionally, the threat of further implementation of hardline approaches to migrant families by U.S. immigration officials remains (Shear et al., 2019).

Of particular concern with this immigration policy has been the mental health impact of forced separation. Research has documented the adverse mental health consequences of separation on caretakers (Miller and Hess, 2018), and experts have issued guidance for how clinicians can help mitigate these consequences (Korht et al., 2018).

The adverse mental health impact of detention has been documented, as well (Keller et al., 2003).

Although these studies have focused on adults, experts have stated that forcibly separating children from their parents at the U.S.–Mexico border may have negative effects on the children's health (MacKenzie et al., 2017). In previous research, we began to elucidate this impact, finding higher rates of emotional and behavioral problems in detained migrant children compared to community samples, as well as higher rates of these difficulties in detained children who had been separated from their mothers by U.S. officials (MacLean et al., 2019). Here we further characterize the prevalence of these problems with a specific emphasis on the study sample of separated children. Specifically, we sought to compare subsamples within this population in an effort to reveal those children at particular risk of mental health distress.

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2. Methods

We conducted a cross-sectional evaluation of 73 children held at an immigration detention center who had been recently reunited with their mothers after experiencing forced separation at the U.S.-Mexico border. Detailed study methods have been described previously (MacLean et al., 2019). Briefly, this sample was part of a larger cohort of mothers who presented to the visitation center at the detention center, which holds women who are accompanied by at least one child under the age of 18 in U.S. Immigration and Customs Enforcement (ICE) custody. Eligibility criteria included mothers who were fluent in either English or Spanish and who had at least one child between age 4 and 17 years detained with them. Mothers were informed that participation would not impact their legal proceedings. Consenting mothers completed a demographic survey that included items related to country of origin, arrival to the U.S., and arrival to the detention center. Mothers then completed the Parent-Report version of the Strengths and Difficulties Questionnaire (SDQ) in either English or Spanish about their eldest child being held with them at the detention center.

The SDQ is a 25-question screening tool used widely internationally to assess the behavior of children age 4–17 years (Goodman, 2001). Based on responses of “not true” (0), “somewhat true” (1), and “certainly true” (2), each participant received a score for total difficulties and the subscales of emotional problems, conduct problems, hyperactivity, and peer problems. The resulting scores were assigned to “normal,” “borderline,” or “abnormal” categories based on SDQ scoring guidelines.

We examined the prevalence of normal, borderline, and abnormal scores for the SDQ subscales along with covariates such as age, sex, and length of separation. Results were considered significant if $p < 0.05$. All analyses were computed using IBM SPSS (version 24). The Institutional Review Board at the Icahn School of Medicine at Mount Sinai reviewed and approved the research protocol, survey, and consent forms. All participants provided written, informed consent.

3. Results

All families were from Honduras (47%), Guatemala (38%), or El Salvador (15%, Table 1). Mothers ranged in age from 22 to 55 years ($M = 34$, $SD = 7$) and children ranged in age from 5 to 17 years ($M = 11$, $SD = 4$). The mothers reported that their oldest child was male ($n = 39$, 53%) and female ($n = 34$, 47%). Common reported reasons for fleeing their home countries were gang violence (70%) and domestic abuse (42%). The duration of time the children had been separated from their mothers ranged from 31 to 81 days ($M = 55$, $SD = 13$).

Children demonstrated high rates of “abnormal” emotional problems (49%), peer problems (21%), and total difficulties (15%) (Table 2). The rates of abnormal hyperactivity and conduct problems were 10% and 8%, respectively. The rate of abnormal peer problems in males (28%) was significantly higher than that of females (12%, $p < 0.001$). Younger children (age 5–11 years) demonstrated significantly higher rates of abnormal conduct problems ($p = 0.002$), hyperactivity ($p = 0.001$), and total difficulties ($p = 0.002$) compared to those age 12–17 years. Scores did not differ significantly based on length of separation.

4. Discussion

In April 2018, the U.S. government began its policy of separating more migrant children from their parents at the U.S.-Mexico border in an effort to deter immigrants. At that time, the policy was denounced by several professional medical organizations (Kraft, 2018; Lopez, 2018; Stewart, 2018). The United Nations also released a statement calling on the U.S. government to release the separated children from immigration detention and reunite them with their families (United Nations Office of the High Commissioner for Human

Table 1

Demographics of mothers and children ($N = 73$).

	<i>n</i>	(%)
Country of origin		
Honduras	34	(47)
Guatemala	28	(38)
El Salvador	11	(15)
Mother's age (years)		
22–29	19	(26)
30–39	35	(48)
40–49	17	(23)
50–55	2	(3)
Child's age (years)		
5–8	19	(26)
9–12	25	(34)
13–17	29	(40)
Total number of detained children with mother		
1	65	(89)
2	16	(22)
Time from arrival in US to arrival at detention center (days) ^a		
31–39	13	(18)
40–49	11	(15)
50–59	19	(26)
60–69	22	(30)
70–79	6	(8)
80–81	2	(3)
Time from arrival at detention center to interview (days)		
2–5	44	(60)
6–10	21	(29)
11–15	6	(8)
≥ 16	2	(3)
Mothers' stated reason(s) for fleeing country of origin		
Gang violence	52	(70)
Domestic abuse	31	(42)
Poverty	2	(3)
Reunion with family	1	(1)

^a Indicates approximate length of separation.

Rights, 2018). Individual clinical practitioners also warned of the deleterious short-term and long-term mental health outcomes associated with forcibly removing children from their families (MacKenzie et al., 2017).

This study was cross-sectional in nature, and thus we cannot draw causal connections between the experience of separation and the development of mental health issues. Nevertheless, our findings, although correlational in nature, appear to reinforce expert opinion that separating immigrant children, particularly young children, from their parents causes significant emotional harm. As our group has reported earlier, the rates of abnormal emotional and total difficulties were higher in separated children versus those who had never been separated (MacLean et al., 2019). The rates of emotional distress in this sample of previously separated children are also higher than those seen in the general U.S. population. The rate of abnormal total difficulties in this population was 15%, whereas the rate of emotional or behavioral difficulties in the U.S. is estimated at 5% (Simpson et al., 2005).

Of particular interest, this analysis revealed that detained children's scores on the SDQ did not differ significantly based on how long they had been separated from their mothers: those who had been forcibly separated for shorter periods of time had similar rates of distress to those with longer duration of separation. This suggests that, regardless of how long a child is kept from their parent, the act of being separated may be particularly traumatic. Future research should further explore the relationship of separation length and mental health distress, particularly the long-term effects on these children.

In addition, male children in this sample had significantly higher rates of abnormal peer problems compared to their female peers. While no differences were previously found when comparing separated and never separated children by sex (MacLean et al., 2019), this analysis indicates that the male subsample of separated children may be particularly vulnerable to mental health distress. Items included under peer

Table 2
Results of the Strengths and Difficulties Questionnaire (N = 73).

Subscale	Category	(Score)	Total		Gender		Female(n = 34)		Age (years)		12-17(n = 36)		Duration of Separation (days)		p ^a		
			N	(%)	Male(n = 39)	(%)	n	(%)	n	(%)	n	(%)	n	(%)		n	(%)
Emotional symptoms	N	(0-3)	28	(38)	16	(41)	12	(35)	14	(38)	14	(39)	17	(40)	11	(37)	0.843
	B	(4)	9	(12)	3	(8)	6	(18)	4	(11)	5	(14)	6	(14)	3	(10)	
Conduct problems	A	(5-10)	36	(49)	20	(51)	16	(47)	19	(51)	17	(47)	20	(47)	16	(53)	0.166
	N	(0-2)	64	(88)	33	(85)	31	(91)	28	(76)	26	(100)	35	(81)	29	(97)	
Hyperactivity	B	(3)	3	(4)	2	(5)	1	(3)	3	(8)	0	(0)	3	(7)	0	(0)	
	A	(4-10)	6	(8)	4	(10)	2	(6)	6	(16)	0	(0)	5	(12)	1	(3)	0.312
Peer problems	N	(0-5)	60	(82)	32	(82)	28	(82)	25	(68)	35	(97)	34	(79)	26	(87)	0.001
	B	(6)	6	(8)	2	(5)	4	(12)	5	(14)	1	(3)	3	(7)	3	(10)	
Total difficulties	A	(7-10)	7	(10)	5	(13)	2	(6)	7	(19)	0	(0)	6	(14)	1	(3)	0.768
	N	(0-2)	49	(67)	19	(49)	30	(88)	21	(57)	28	(78)	28	(65)	21	(70)	
Total difficulties	B	(3)	9	(12)	9	(23)	0	(0)	6	(16)	3	(8)	5	(12)	4	(13)	0.002 ^b
	A	(4-10)	15	(21)	11	(28)	4	(12)	10	(27)	5	(14)	10	(23)	5	(17)	0.051
Total difficulties	N	(0-13)	51	(70)	27	(69)	24	(71)	19	(51)	32	(89)	28	(65)	23	(77)	
	B	(14-16)	11	(15)	4	(10)	7	(21)	8	(22)	3	(8)	5	(12)	6	(20)	
Total difficulties	A	(17-40)	11	(15)	8	(21)	3	(9)	10	(27)	1	(3)	10	(23)	1	(3)	

N: Normal; B: Borderline; A: Abnormal.

Bold: p < 0.05

^a Fisher exact test

^b χ^2 test.

problems include tending to play alone, not having at least one good friend, and being picked on or bullied. The high rate of being bullied in this sample (unpublished) is consistent with past research indicating that boys are more likely to engage in bullying both as victims and perpetrators (Gorillo, 2012).

These results must be viewed in the context of several limitations. This was a small, convenience sample of families being held at the detention center, as only those mothers who presented to the visitation center were recruited for participation. Additionally, children were inconsistently present while their mothers completed the SDQ, which may have influenced responses.

Despite these limitations, this is one of the only studies of the mental health of immigrant children who were separated from their parents at the U.S.-Mexico border. Our results reveal that immigrant children who experienced forced separation, particularly younger children, experience significant mental health distress. Many of these children have experienced trauma in their countries of origin, on their journeys to the U.S., and when separated from their mothers. Our results advocate for the elimination of immigrant child-parent separation and for adequate mental health treatment for all children who have experienced forced separation. Further research is also needed to assess the long-term impact of separation on children and families.

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